



# MONTEREY COUNTY

## Youth Ambassadors for Peace

### Pre-Application Form

SOCIAL SECURITY NUMBER: - - - - -		DATE: / /		REFERRED BY:	
NAME: LAST		FIRST		MIDDLE	
OTHER LAST NAME:					
PHYSICAL ADDRESS:		CITY:		ZIP CODE:	
MAILING ADDRESS:		CITY:		ZIP CODE:	
E-MAIL ADDRESS:	FACEBOOK SCREEN NAME:	PHONE: <input type="checkbox"/> Home <input type="checkbox"/> Cell	ALTERNATE PHONE: <input type="checkbox"/> Home <input type="checkbox"/> Cell		
<b>IMPORTANT INSTRUCTIONS: Please answer each question to the best of your ability. <span style="float: right;">*Information will be kept confidential</span></b>					
<b>CITIZENSHIP:</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-Citizen		<b>RESIDENT ALIEN CARD NUMBER:</b> _____ Expiration Date: _____		<b>BIRTHDATE:</b> / /	<b>AGE:</b>
				<b>GENDER:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>SELECTIVE SERVICE STATUS:</b> (For males age 18 years or older) <input type="checkbox"/> Yes, I am registered <input type="checkbox"/> No, I am not registered
<b>ETHNIC GROUP: (CIRCLE ONE)</b> 1. Black (non-Hispanic)      5.6 Hawaiian 2. Hispanic                      5.7 Japanese 3. American Indian / Alaskan Native      5.8 Korean 4. White (non-Hispanic)      5.9 Laotian 5.1 Asian Indian                5.10 Samoan 5.2 Cambodian                 5.11 Vietnamese 5.3 Chinese                      5.12 Other Asian/ Pacific Islander 5.4 Filipino                      6. Indian 5.5 Guamanian                 7. Pakistani			<b>COMPLETE ONLY IF YOU ARE CURRENTLY ATTENDING SCHOOL:</b> What school do you attend? _____ What is your current grade level? (circle one) <b>9 10 11 12</b> When will you graduate? _____ Are you enrolled in a post-secondary school? _____		
			<b>COMPLETE ONLY IF YOU ARE NOT CURRENTLY ATTENDING SCHOOL</b> Do you have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please list year of graduation or GED: _____ Are you a high school dropout? <input type="checkbox"/> Yes <input type="checkbox"/> No If a high school dropout, please list dropout date: _____		
Are you school age but haven't attended school for at least the most recent complete school year calendar quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No Are currently considered truant in your school records? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you feel that you are at risk of joining and/or affiliating with a gang? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently involved with the Juvenile Justice System? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an English language learner? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you pregnant or parenting? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you require additional assistance to enter/complete an educational program or secure/hold employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been arrested for any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain briefly. <b><u>This will not disqualify you for our services:</u></b>			Which would you like: <input type="checkbox"/> High school Diploma <input type="checkbox"/> GED <b>MILITARY VETERAN STATUS:</b> (Check the box that applies to you) <input type="checkbox"/> I served in the U.S. Armed Forces <input type="checkbox"/> Not applicable <input type="checkbox"/> My spouse served in the U.S. Armed Forces		
Currently living in a high poverty area? <input type="checkbox"/> Yes <input type="checkbox"/> NO			<b>EMPLOYMENT STATUS:</b> (Check all boxes that apply) <input type="checkbox"/> I am working <b>Part-Time</b> <input type="checkbox"/> I am working <b>Full-Time</b> <input type="checkbox"/> I am <b>Not Working</b> <input type="checkbox"/> I have <b>Never Worked</b> If employed, list employer: _____		
			<b>DISABILITY STATUS:</b> (Check all boxes that apply) <input type="checkbox"/> Yes, Physical <input type="checkbox"/> Mental <input type="checkbox"/> or both <input type="checkbox"/> <input type="checkbox"/> No, I do not have a disability		



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PLEASE TELL US WHAT OPPORTUNITIES ARE OF INTEREST TO YOU (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Work Experience       | <input type="checkbox"/> Career Exploration/Education Pathways | <input type="checkbox"/> Vocational Training                 |
| <input type="checkbox"/> Life Skills Education | <input type="checkbox"/> Application/Resume' Development       | <input type="checkbox"/> Mentoring                           |
| <input type="checkbox"/> Leadership Training   | <input type="checkbox"/> Personal Money Management             | <input type="checkbox"/> Assistance obtaining HS Diploma/GED |
| <input type="checkbox"/> Job Search Assistance | <input type="checkbox"/> Work Readiness Training               |  |

Have you ever participated in a Monterey County Youth Program?  Yes  No If Yes, please list year(s): \_\_\_\_\_

Record the previous 6-months of income (before deductions) for all family members with whom you reside. Verification of income will be required at the time of eligibility determination.

Income (All Sources – Before Deductions)	\$ Applicant \$	\$ Father \$	\$ Mother \$	\$ Other Relatives \$
Jobs – Wages – Self-Employment Income				
Alimony – Child Support				
Other Income (Please Specify)				

Benefits (All Sources – Before Deductions)	\$ Applicant \$	\$ Father \$	\$ Mother \$	\$ Other Relatives \$
TANF (Temporary Assistance for Needy Families)				
SSI (Supplemental Security Income)				
SDI (State Disability)				
Social Security Survivor's Benefits				
Military Survivor's Benefits				
Foster Child Grant				
Unemployment Insurance Income				
Worker's Compensation				
Pension				
Free or Reduced Lunch				

PLEASE LIST ALL HOUSEHOLD MEMBERS:

Name	Relationship to Applicant	Name	Relationship to Applicant
1.		5.	
2.		6.	
3.		7.	
4.		8.	

I certify, to the best of my knowledge, that all information provided on this application is accurate. I understand that if I have provided false or misleading information, I may be terminated from the program and required to repay any money or benefits paid to me during participation. I understand all information provided on this application will be verified for accuracy. I authorize the release of any necessary information to verify program eligibility. I also understand that the completion of this application **does not** guarantee enrollment into the program.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT/GUARDIAN (If applicant is under 18 years of age)

DATE

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